#### NEW YORK

# STATE DEPARTMENT OF HEALTH

#### ALBANY

### SPUTUM EXAMINATION

This blank is to be accurately filled out and returned with the specimen.

Specimen from a case of suspected tuberculosis.

Name of sender,

P. O. Address in full,

Date,

Name of Patient,

Age,

Sex,

Color.

Duration of Disease,

Is this the first specimen examined from this case?

Shall report be sent by mail or telegraph?

Reports sent by telegraph are sent at the expense of those interested.

Return the package to the

Bender Hygienic Laboratory,

Albany, N. Y.



## MER ADMR

# STATE DEPARTMENT OF HEALTH

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## MOTTANIMANTE MUTTIPE

This blank is to be accurately filled out and returned with the specimen.

Specimen from a case of suspected tuberculosis.

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'P. O. Address in full,

51212

Number of Patient.

Total of Therese

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Reports sent by telegraph are sent at the expense of those

Manufacture purkage to the

Bender Hygienic Laboratory, .

Alvers, W. Y.